## MONTANA DEPARTMENT OF AGRICULTURE Capitol Station Helena, Montana 59620 406-444-2944

## COMMERCIAL PESTICIDE APPLICATOR BOND

	BOND NUMBER	
KNOW ALL MEN BY THESE PRESENTS: That Name		Name
located at		
of	Street and Number	as PRINCIPAL
and Bonding Company Licensed to do Business in Mo		City
as SURETY, are jointly and severally held an dollars (\$500), lawful money of the United Sourselves and each of our successors, heirs,	od firmly bound to the State of M States, to the payment of which,	well and truly to be made, we bind
THE CONDITION OF THIS OBLIGATION IS S	SUCH THAT,	*
WHEREAS, the above bounded PRINCIPAL I license to operate as a Commercial Pesticide 80, Chapter 8, M.C.A. 1979, as amended;	Applicator in the State of Monta	
WHEREAS, under the provisions of Rules 4. M.C.A. 1979, as amended, a surety bond is said Act and all rules and regulations promulagents and employees, causing no harm, injor application of a pesticide except as exem 214 of the Montana Pesticides Act.	required of said principal conditi Igated thereunder, and further co ury, or loss to any person or prop	oned upon his faithful compliance with nditioned upon said principal, his perty caused by the handling, utilization
NOW THEREFORE, if the said principal, his a 80, Chapter 8, M.C.A. 1979, as amended a further if said principal, his agents and employeerty caused by the application of a pest shall be null and void, otherwise to be in full	nd with all rules and regulations oyees, do not cause any harm, o icide or through their willful misu	promulgated pursuant thereto, and r injury, or loss to any person or
PROVIDED HOWEVER, the liability of the su of this bond.	rety for any one or more claims s	shall not exceed in the aggregate sum
It is further conditioned that this bond may I Montana Department of Agriculture stating of effective. However, such notice shall not re before the expiration of said ten (10) day no	when not less than ten (10) days elease the surety from liability alre	thereafter such cancellation shall be
This bond shall be in full force and effect fro surety represents to the department that the	om, 19 through_ e premium on this bond has been	fully paid. This
IN WITNESS WHEREOF, the aforesaid PRING this, 19,	CIPAL and SURETY have herewith	h set their hands and seals
10-1-10	e e	Principal
(Seal of Surety)	COLINTEDCIONED BY	Surety
	COUNTERSIGNED BY:	Attorney-in-Fact
RESIDENT MONTANA AGENT OF SURETY		Name

Name